

Name:

\$

Totals

Signature:

\$

Travel Reimbursement Form

- 1. Travel Reimbursement Forms must be submitted by the Tuesday before payday to Gwen Smith at qsmith@mt.gov, OPI Title I, PO Box 202501, Helena, MT 59620-2501
- 2. Please attach *original* receipts for hotel or "other" expenses. You do not need receipts for meals. No travel reimbursement forms will be submitted without original receipts.

Budget #: 658

- 3. Performance Data Reports (PDR) must be completed before travel reimbursement forms will be turned in for reimbursement.
- 4. Complete one travel reimbursement form for each trip.

Destination:							
Point to Point Travel:							
Means of Travel:							
Purpose of Trip:							
Departure Date:				Departure Time:			
Completion Date:			Completion Time:				
Did you visit schools? Yes		No	School:				
Meals provided at no charge to you:							
List below meals purchased by you for reimbursement - Per diem: Breakfast = \$5 Lunch = \$6 Dinner = \$12							
Date	Breakfast	Lunch	Dinner	Mileage	Hotel	Other	

\$

Date:

mi.

\$

\$